L120000048962

(Requestor's Nan	ne)
(Address)	
(Address)	
(City/State/Zip/Ph	none #)
PICK-UP WAIT	MAIL
(Business Entity l	Name)
(Document Numb	per)
Certified Copies Certifica	ates of Status
Special Instructions to Filing Officer:	
	- - -

Office Use Only



700273288587

06/03/15--01018--004 **130.00

15 JUN -3 PH 4: 46

; ..

UN 08 2015 W PAINTER

COVER LETTER

	egistration i ivision of C	Section orporations			
SUBJECT		LOCATIONS, LLC			
Sobject	•	Name of Lir	mited Liabili	y Company	
The enclos	ed Articles o	of Organization and fee(s) ar	e submitted	for filing.	
Please retu	m all corres	pondence concerning this ma	atter to the fo	ollowing:	
	JEREMY	MCGUIRE			
			Name of	Person	
	EXACT LO	OCATIONS			
			Firm/Cor	npany	
	6815BISC	AYNE BOULEVARD SU	IITE 103-32	2	
	*****		Addre	ss	
	MIAMI, F	L 33183			
	INFO@EX	ACT-LOCATIONS.COM	City/State and	Zip Code	
-		E-mail address: (to be used	l for future ar	nual report notificat	ion)
For further in	nformation c	oncerning this matter, please	e call:		
	JEREMYN	MCGUIRE 3	05	7331297	
	Na			Daytime Telephon	e Number
Enclosed is	a check for	the following amount:			
\$125.00 Fi	ling Fee	\$130.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & d Copy I copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EXACT LOCATIO	NS, LLC.		
(Must end	with the words "Limited Lia	ability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal offic	e of the Limited	Liability Company is:
Princi	pal Office Address:		Mailing Address:
6815 BISCAYNE	BOULEVARD	681	5 BISCAYNE BOULEVARD
The Limited Liability Compan	gent, Registered Office, & F	SUI MIA Registered Agen	TE 103-322 MI, FL 33138
MIAMI, FL 33138 ARTICLE III - Registered Ag (The Limited Liability Compananother business entity with an	gent, Registered Office, & F y cannot serve as its own Re active Florida registration.)	SUI MIA Registered Agent. Y	TE 103-322 MI, FL 33138 it's Signature:
MIAMI, FL 33138 ARTICLE III - Registered Ag The Limited Liability Compan another business entity with an	gent, Registered Office, & F y cannot serve as its own Re active Florida registration.)	SUI MIA Registered Agent. Y	TE 103-322 MI, FL 33138 it's Signature:
MIAMI, FL 33138 ARTICLE III - Registered Ag The Limited Liability Compan another business entity with an	gent, Registered Office, & I y cannot serve as its own Rej active Florida registration.) address of the registered ago	SUI MIA Registered Agent. Y	TE 103-322 MI, FL 33138 it's Signature:
MIAMI, FL 33138 ARTICLE III - Registered Ag (The Limited Liability Compananother business entity with an	gent, Registered Office, & I y cannot serve as its own Rej active Florida registration.) address of the registered ago	Registered Agent. Yent are:	TE 103-322 MI, FL 33138 it's Signature:
MIAMI, FL 33138 ARTICLE III - Registered Ag (The Limited Liability Compananother business entity with an	gent, Registered Office, & I y cannot serve as its own Rej active Florida registration.) address of the registered ago JEREMYMCGUIRE	SUI MIA Registered Agent. Y ent are: ame	TE 103-322 MI, FL 33138 It's Signature: You must designate an individual of
MIAMI, FL 33138 ARTICLE III - Registered Ag	gent, Registered Office, & F y cannot serve as its own Rej active Florida registration.) address of the registered ago JEREMYMCGUIRE No.	SUI MIA Registered Agent. Y ent are: ame	TE 103-322 MI, FL 33138 It's Signature: You must designate an individual of

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

15 JUN - 3 PN 4: 46
SEGRETARY OF STATE

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	JEREMYMCGUIRE
	2331KEYSTONEBOULEVARD
	MIAMI, FL 33181
AMBR	GABY SCHUETZ
	733NE 74TH STREET
	MIAMI, FL 33138
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) the date inserted in this block does not	te of filing: JUNE 1, 2015 . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 comments the applicable statutory filing requirements, this date will not be to of State's records.
E V: Effective date, if other than the dat ective date is listed, the date must be sp filling.) the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) It the date inserted in this block does not ment's effective date on the Departmen	pecific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date ective date is listed, the date must be sport filling.) It the date inserted in this block does not ment's effective date on the Departmen	pecific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date ective date is listed, the date must be sport filling.) It the date inserted in this block does not ment's effective date on the Departmen	pecific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date ective date is listed, the date must be sport filling.) It the date inserted in this block does not ment's effective date on the Departmen	pecific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date ective date is listed, the date must be spot filling.) It the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) It the date inserted in this block does not ment's effective date on the Departmen E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) It the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not to of State's records.
E V: Effective date, if other than the date ective date is listed, the date must be sportfiling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not to of State's records.
ective date is listed, the date must be spor filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a continuation of the	meet the applicable statutory filing requirements, this date will not it of State's records. member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this documents.
E V: Effective date, if other than the date ective date is listed, the date must be sportfiling.) It the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a continue of a constitute of a const	meet the applicable statutory filing requirements, this date will not it of State's records. member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this docume on under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) It the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a constitutes an affirmation of the department of the constitutes and affirmation of the constitutes at third degree of the constitutes at the constitutes a	meet the applicable statutory filing requirements, this date will not it of State's records. member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this docume on under the penalties of perjury that the facts stated herein are true, see information submitted in a document to the Department of State eee felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a constitutes an affirmation of a management of the constitutes an affirmation of the constitutes at third degree.	meet the applicable statutory filing requirements, this date will not to f State's records. member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this docume on under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be spond filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a constitutes an affirmation of the department of the constitutes and affirmation of the constitutes at third degree of the constitutes at the constitutes at third degree of the constitutes at the con	meet the applicable statutory filing requirements, this date will not to of State's records. member or an authorized representative of a member. etion 605.0203 (1) (b), Florida Statutes, the execution of this docume on under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be sponding.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a constitutes an affirmation of the constitutes an affirmation of the constitutes at third degree.	meet the applicable statutory filing requirements, this date will not to f State's records. member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this docume on under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date extive date is listed, the date must be sponding.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a constitutes an affirmation of the constitutes an affirmation of the constitutes at third degree.	meet the applicable statutory filing requirements, this date will not to of State's records. member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this docume on under the penalties of perjury that the facts stated herein are true. See information submitted in a document to the Department of State eee felony as provided for in s.817.155, F.S.) Typed or printed name of signee
E V: Effective date, if other than the date extive date is listed, the date must be spond filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a constitutes an affirmation I am aware that any lalse constitutes a third degree.	meet the applicable statutory filing requirements, this date will not it of State's records. member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this docume on under the penalties of perjury that the facts stated herein are true. See information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees:
E V: Effective date, if other than the date extive date is listed, the date must be sportfiling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a constitutes an affirmation I am aware that any lalse constitutes a third degree.	meet the applicable statutory filing requirements, this date will not to of State's records. member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this docume on under the penalties of perjury that the facts stated herein are true. See information submitted in a document to the Department of State eee felony as provided for in s.817.155, F.S.) Typed or printed name of signee